

**NEW HAMPSHIRE DEPARTMENT OF
REVENUE ADMINISTRATION**

**ELECTRONIC FUNDS TRANSFER
ACH CREDIT
PROGRAM GUIDE**

This Booklet Contains:

**ACH Credit Program
Participation Guidelines**

Registration Information & Form

Payment Options

Standard File & Record Formats

Corporate Return Prenote

Combined Group Estimate Payment

Corporate Return w/Tax Due

Partnership Return w/Tax Due

Proprietorship Return w/Tax Due

Corporate Notice Assessment Payment

Form DP-175

EFT ACH Credit Registration Form

All taxpayers participating in New Hampshire's ACH Credit program are required to complete a **successful** Prenote Test at least 10 calendar days prior to the due date of their first ACH Credit payment. Do not send payment via ACH Credit until you have received confirmation of a successful prenote.

New Hampshire's Revenue Administration Bank Account information will be provided to you along with the Department's approval for the New Hampshire EFT ACH Credit Program.

Effective January 1, 1998, all NH taxpayers having a total liability for Business Profits Tax, RSA 77-A, and/or Business Enterprise Tax, RSA 77-E, of \$100,000 or greater for the most recently filed tax year must submit tax payments by Electronic Funds Transfer (EFT). This authority is provided under RSA 21-J:3, XXI.

This EFT requirement can be met through either the ACH CREDIT or DEBIT methods. This program guide is designed to assist with making payments for Business Profits and Business Enterprise Tax using the Automated Clearing House (ACH) Credit transaction method. This method is the standard established by the Electronic Payment Association (NACHA) a national organization for the electronic transfer of funds between financial institutions using the Automated Clearing House Network.

The New Hampshire ACH CREDIT program is limited to filers making payments for Business Enterprise Tax and Business Profits Tax liabilities.

New Hampshire ACH DEBIT is available to previous filers of Business Enterprise Tax, Business Profits Tax, Interest & Dividends Tax and Meals & Rentals Tax licensed Operators. These entities may E-file payments by accessing the Department's e-file system at www.revenue.nh.gov and selecting the [Access e-file DRA](#) link.

The New Hampshire ACH Debit Program Guide may be obtained from our web site at www.revenue.nh.gov. An on-line demonstration of the ACH Debit program is available by accessing e-file DRA.

If you have any questions regarding either the ACH CREDIT or DEBIT programs, please call Central Taxpayer Services at (603) 271-2191. If you need additional forms please call the forms line at (603) 271-2192.

Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ELECTRONIC FUNDS TRANSFER
AUTOMATED CLEARING HOUSE CREDIT PROGRAM GUIDE
GLOSSARY OF TERMS

ACH	"Automated Clearing House" means any entity that operates as a clearing house for electronic debit or credit entries pursuant to an agreement with an association that is a member of the National Automated Clearing House Association.
ACH CREDIT	The "ACH Credit" is one means by which money is transferred electronically through the Automated Clearing House (ACH) Network. An ACH credit transaction is one in which the taxpayer, through its bank, originates an entry crediting the State's designated bank account and debits its own bank account for the amount of the tax payment.
CCD+	"Cash Concentration of Disbursement Plus Addenda" is a standard National Automated Clearing Housing Association data format used to make ACH credit/debit transactions. The CCD+ format combines the widely-used CCD format with a single addendum record that can carry 80 characters of payment-related data known as the TXP.
ACH CREDIT	"Electronic Funds Transfer" is a term that identifies any system used to transfer payments or funds electronically. EFTACH CREDIT refers to any transfer of funds, other than a transaction originated by check, draft or similar paper instrument, that is initiated through an electronic terminal, telecommunications instrument, computer or magnetic tape, to order, instruct or authorize a financial institution to debit or credit an account.
FRB	"Federal Reserve Bank" is the central banking system of the United States, consisting of 12 regional reserve banks and member depository institutions that are subject to Federal Reserve Bank requirements.
NACHA	The "Electronic Payments Association" formerly known as the "National Automated Clearing House Association" is the organization that establishes the standards, rules and procedures that enable depository financial institutions to exchange ACH payments on a national basis.
ODFI	The "Originating Depository Financial Institution" is the organization that originates ACH entries. ODFI's must abide by the provisions of the NACHA Operating Rules and Guidelines.
PRENOTE TEST	This test is a zero-dollar entry sent through the ACH network to verify banking information. The prenotification (prenote) test must be done at least 10 calendar days before ACH CREDIT payments begin.
SETTLEMENT DATE	The date an exchange of funds, with respect to an entry, is reflected on the books of the Federal Reserve Bank.
TXP	The "Tax Payment" banking convention record format contains the data format, contents and implementation suggestions for taxpayers to pay state taxes through the Automated Clearing House under the ACH Credit method. This convention is to be used with the NACHA CCD+ format and is used in the majority of states using the ACH Credit Method for tax collections. The format is carried in the 80 - character free form field of the addendum record. The TXP convention has been developed with input from corporate trade associations, state representatives and federal government agency representatives. The TXP convention is a result of the joint efforts of the Federation of Tax Administrators, the Committee on State Taxation and the Bankers' Electronic Data Interchange (EDI) Council.

DEPARTMENT SCHEDULE

If a payment due date falls on a legal holiday or weekend, the tax payment must be received on the first business day after the holiday or weekend. Timely payments are based on the settlement date, the date on which the tax has been credited. If your financial institution is closed on a day that you wish to initiate your transfer, you must contact it one day prior to the observed holiday. Financial institution holidays in other states may vary from New Hampshire holidays. In some cases, specific banks may need 48 hours notice to initiate your transaction. Please contact your financial institution if you have any questions.

REVENUE ADMINISTRATION HOLIDAY SCHEDULE

NEW YEAR'S DAY	LABOR DAY
MARTIN LUTHER KING DAY	VETERAN'S DAY
WASHINGTON'S BIRTHDAY	THANKSGIVING DAY
MEMORIAL DAY	DAY AFTER THANKSGIVING DAY
INDEPENDENCE DAY	CHRISTMAS DAY

Most Financial Institutions are closed on Columbus Day.
For the exact dates of DRA holidays for the current year,
please contact Central Taxpayer Services at (603) 271-2191.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ELECTRONIC FUNDS TRANSFER
AUTOMATED CLEARING HOUSE CREDIT PROGRAM GUIDE
PROGRAM PARTICIPATION

WHO MUST PARTICIPATE	New Hampshire requires all taxpayers having a total liability for Business Profits Tax, RSA 77-A and/or Business Enterprise Tax, RSA 77-E, of \$100,000 or greater for the most recently filed tax year to submit their tax payments by electronic funds transfer (EFT), either by the Department's ACH Credit or ACH Debit method.
VOLUNTARY PARTICIPATION	If you do not meet the threshold established for statutory participation in the EFT ACH CREDIT program, you may apply to participate on a voluntary basis. This request is subject to the Department's approval. Once registered as a voluntary participant, you will be subject to the same rules established for statutory participants.
WITHDRAWAL FROM PROGRAM	<p>If you are a voluntary ACH CREDIT participant and find that ACH Credit is not meeting your needs, you may submit a letter requesting to be withdrawn from the ACH Credit program. Please submit this request at least 60 days prior to your next payment due date.</p> <p>If you receive notification that you meet the statutory requirement but disagree with this determination, you may request a waiver from the ACH CREDIT program in writing. Please submit this request at least 60 days prior to your next payment due date. Your request for withdrawal is subject to the Department's approval. Mail your request to NH Department of Revenue Administration, Document Processing Division, PO Box 1004, Concord, NH 03302-1004.</p> <p>DRA may grant a withdrawal from participation in the electronic funds transfer program only if the taxpayer's payment does not exceed the statutory EFT threshold. The taxpayer will be granted an automatic withdrawal from ACH CREDIT participation unless they are notified by DRA that their request has been denied. For more information on obtaining an ACH CREDIT waiver, please call <u>Central Taxpayer Services</u> at (603) 271-2191.</p>

ACH CREDIT REGISTRATION

HOW TO REGISTER	To register for the ACH Credit program, please complete the Registration Form DP-175. The completed form must be mailed to the Document Processing Division at the address on the form. Within 30 days of receipt of the completed form, the Department will mail you a letter confirming your registration. This letter will contain the bank account information that you will need in order to make your ACH Credit transactions.
HOW TO MAKE CHANGES	Any changes to the information on the Registration Form DP-175, must be reported immediately to the Document Processing Division by using an additional Registration Form DP-175 and checking the Change Request box. Additional forms are available in this booklet, or by calling the forms line at (603) 271-2192.

PAYMENT OPTIONS

ALLOWED PAYMENT METHODS	There are two payment methods accepted by the Department of Revenue Administration, the ACH Debit and the ACH Credit. This booklet is specific to ACH Credit, a separate booklet is available for ACH Debit. Should an emergency arise which prevents a payment from being transmitted please call Central Taxpayer Services at (603) 271-2191. Specific instructions for making the tax payment will be given.
PAYMENT DUE DATES	ACH CREDIT does not change any existing requirements of New Hampshire state tax law. To be considered timely, your tax payment must be deposited into the Revenue Administration's State bank account by the payment due dates for estimates, extensions, tax notices and returns as required by RSA 77-A:7, RSA 77-A:9, RSA 77-E:6 and RSA 77-E:8. Each financial institution and the Federal Reserve have different processing deadlines. You <u>must</u> check with your financial institution to determine when you should originate your payment so that it will be deposited to the State's account by the required due date to avoid the imposition of interest and/or penalties. It is generally recommended that the ACH Credit transaction be initiated two days prior to the effective date (due date) of the transaction.
WHEN TAX FORMS ARE NOT NEEDED	<p>Estimates: Do <u>not</u> mail in an estimated tax form when you remit tax payments through the ACH network. Your Business Profits and Business Enterprise tax accounts will be updated by the tax type and entity type codes transmitted with your electronic payment. It is important that you use the correct codes for your tax payment.</p> <p>Extensions: Do <u>not</u> mail in an extension form when you remit the additional tax at the time your tax return is due and wish to file an extension, the tax payment should be transmitted through the ACH network by the return due date.</p> <p>Notice of Assessment: Do <u>not</u> mail in the form when you remit your tax payments through the ACH network.</p>
WHEN TAX FORMS ARE NEEDED	<p>Returns: You are required to file your Business tax return with the Department by the prescribed due date even if no payment is due. All tax payments due must be transmitted through the ACH network. Please refer to the tax return for the correct mailing address.</p> <p>Amended Return: You are required to file your amended return with DRA, however, any tax payment due must be transmitted through <u>ACH CREDIT</u>.</p> <p>IRS Changes: You are required to file your Report of Change return with DRA, however, any tax payment due must be transmitted through <u>ACH CREDIT</u>.</p>

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ELECTRONIC FUNDS TRANSFER
AUTOMATED CLEARING HOUSE CREDIT PROGRAM GUIDE

PAYMENT OPTIONS	
ACH CREDIT OPTION	The ACH Credit method allows you to transfer funds by instructing your financial institution (referred to as the "Originating Depository Financial Institution") to debit your account and to credit the State's bank account.
COST FOR ACH CREDIT	You must pay for any setup costs and for each initiated ACH Credit transaction fee charged by your financial institution.
SPECIFIC RECORD FORMATS	In order to report your tax correctly, your financial institution must originate your payments using the Cash Concentration of Disbursement plus Tax Payment Addendum (CCD+TXP) format. This format is the standard format that has been adopted for tax payments by the National Automated Clearing House Association (NACHA). The formats for Record 5, Record 6, Record 7 and Record 8 are described in detail beginning on page 4 of this guide. You should check with your financial institution to make sure it can transfer your tax payment using this specific record format.
REPORT A PAYMENT	Since your financial institution will transfer your payment, you should contact them for the specific procedures required to transfer funds for a tax payment. Before your financial institution is able to report your payment, you must provide them with the filing information required to complete the ACH CCD+TXP records (such as tax type, tax period ending date and payment amount). A copy of the ACH Credit Program Information Guide should be taken to your financial institution before transmitting your first prenote test or reporting your first tax payment.
TEST SYSTEM FIRST	New Hampshire requires that your financial institution process a prenotification (prenote) test to validate the State's bank transit number, bank account number and taxpayer information. All taxpayers participating in New Hampshire's ACH Credit program are required to complete a successful prenote test at least 10 calendar days prior to the due date of their first ACH Credit payment. The Department will validate that the prenote test is error free prior to accepting a payment. You <u>must</u> receive DRA approval of a <u>successfully</u> transmitted prenote prior to sending payments. Failure to do so may result in rejected payments, or could cause problems in processing your tax payments.
PRENOTE TEST	A successful prenote test means the Document Processing Division has received a zero-dollar transaction that includes Record 5, Record 6, Record 7 and Record 8 error free. The prenote test should include all fields in each record. For example, Record 7 includes a field for Business Enterprise Tax, interest and penalties. The prenote test should include 3 zeros in each of the tax, interest and penalty amount fields. Send only one prenote, do not send multiple transactions. You will be notified of any errors in your prenote test and will be required to send an additional prenote test until the Department confirms an error free
CHANGE IN SOFTWARE, BANK, OR EFT CONTACT	New Hampshire requires that you send a new zero dollar prenote to the Department whenever you make a change to your account, financial institution, software program or contact person. The prenote will verify that you have successfully made the change and the Department will be able to process your payment accurately. We recommend that you provide 30 days advance notice to the Document Processing Division that you will be sending a new prenote because of any change you have made.
VERIFY TIMELY PAYMENTS	With the ACH Credit payment method, your financial institution will be responsible for verification of timeliness.
PROOF OF PAYMENT	If proof of payment is required, it is the taxpayer's responsibility to work with its financial institution to obtain verification that funds were transferred from the taxpayer's account into the State's account. Your financial institution can supply you with a trace number that it generates for the ACH network.
RECEIVE FUNDS/ REVERSE PAYMENT	If you make an ACH Credit payment and realize after the fact that a mistake has been made, you must telephone the Department of Revenue Administration immediately at (603) 271-2191 to advise us of the error. No reversals will be allowed. Refunds will not be issued electronically through the ACH network. Current DRA procedures will be followed.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ELECTRONIC FUNDS TRANSFER
AUTOMATED CLEARING HOUSE CREDIT PROGRAM GUIDE

RECORD FORMATS FOR ACH CREDIT TRANSACTION METHOD TAX PAYMENT

The following pages describe the data contained in the Company/Batch Header, CCD+ entry Detail, TXP Addendum and Company/Batch Control Records (Records 5, 6, 7 and 8). For complete information on NACHA formats, specifications and definition, please refer to the NACHA Rule Book. You may obtain a copy of the NACHA Rule Book from your financial institution or the New England ACH Association at [\(617\) 338-6370](tel:617-338-6370). A charge may be required.

RECORD 5 COMPANY/BATCH HEADER FORMAT				
FIELD	POSITION	SIZE	CONTENTS	DATA ELEMENT NAME
1	1 - 1	1	"5"	Record Type Code
2	2 - 4	3	"200"	Service Class Code
3	5 - 20	16	Alphanumeric	Taxpayer Name
4	21 - 40	20	Alphanumeric	Discretionary Data
5	41 - 50	10	Alphanumeric	Company ID Number
6	51 - 53	3	"CCD"	Standard Entry Class
7	54 - 63	10	"Taxpayment"	Company Entry Description
8	64 - 69	6	YYMMDD	Company Descriptive Date
9	70 - 75	6	YYMMDD	Effective Entry Date
10	76 - 78	3	DDD	Settlement Date (Julian Format)
11	79 - 79	1	"1"	Originator Status Code
12	80 - 87	8	Alphanumeric	Originating Bank Number
13	88 - 94	7	Numeric	Batch Number
RECORD 5 COMPANY/BATCH HEADER FORMAT DEFINITIONS				
RECORD TYPE CODE	This entry will always be 5.			
SERVICE CLASS CODE	This entry will always be 200.			
TAXPAYER NAME	This entry indicates the name of the taxpayer who is making the tax payment. The name must be exactly as it appears on the tax return and as stated on the DP-175 registration form excluding punctuation and up to 16 characters. Any variation in spacing may cause problems in processing your payment.			
DISCRETION-ARY DATA	This entry is optional. You may determine a code or description with your financial institution in order to identify a special transaction.			
COMPANY IDENTIFICATION NUMBER	This entry is a 10 character field that identifies the taxpayer. The number in this field is determined by the taxpayer or by the software used by the taxpayer and its financial institution. The company identification number may be the company's bank account number that originated the transaction or a 10 digit number established by the taxpayer. It could, but does not have to be the same as the taxpayer's Federal Employer Identification Number.			
STANDARD ENTRY CLASS	This entry will always be "CCD".			
COMPANY ENTRY DESCRIPTION	This entry is a 10 character field that describes the type of payment being made via ACH Credit. The recommended description to be used in this field is "TAXPAYMENT".			
COMPANY DESCRIPTIVE DATE	This entry is an optional field for the taxpayer or its financial institution to use. The format is YYM-MDD and is usually the same date as the effective date.			
EFFECTIVE ENTRY DATE	This entry is a mandatory field that contains the date the tax payment is due using the format of YYM-MDD. If your payment is due on September 15, 2006, then your entry would be 060915.			
SETTLEMENT DATE	This entry is a three character optional field that contains the Julian calendar date of the day the payment is received. This date is included in the batch header record only and is provided by the Federal			
ORIGINATOR STATUS CODE	This entry will always be 1.			
ORIGINATING BANK NUMBER	This entry contains the originating financial institution's transit number.			
BATCH NUMBER	This entry contains the batch number of the ACH Credit payment that has been transmitted to the Document Processing Division. The taxpayer does not have to enter anything in this field.			

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ELECTRONIC FUNDS TRANSFER
AUTOMATED CLEARING HOUSE CREDIT PROGRAM GUIDE

RECORD 6 ENTRY DETAIL FORMAT				
FIELD	POSITION	SIZE	CONTENTS	DATA ELEMENT NAME
1	1 - 1	1	"6"	Record Type Code
2	2 - 3	2	Numeric	Transaction Code
3	4 - 11	8	Numeric	Receiving Bank Transit Number
4	12 - 12	1	Numeric	Receiving Bank Transit Number Check Digit
5	13 - 29	17	Alphanumeric	Receiving Bank Account Number
6	30 - 39	10	\$\$\$\$\$\$\$cc	Amount
7	40 - 54	15	Alphanumeric	Taxpayer ID Number
8	55 - 76	22	Alphanumeric	Taxpayer Name
9	77 - 78	2	Alphanumeric	Discretionary Data
10	79 - 79	1	Numeric	Addenda Record Indicator
11	80 - 94	15	Numeric	Trace Number
RECORD 6 ENTRY DETAIL FORMAT DEFINITIONS				
RECORD TYPE CODE	This entry will always be 6.			
TRANSACTION CODE	This code indicates that the transaction is a credit and whether it is a prenote or a payment. A prenote test can be identified with code 23 (prenotification, zero dollar) , or code 24 (zero dollar with remittance data). If you use code 23 and record 7 is not received by DRA, then use code 24 to send your prenote test. A payment is always identified with code 22.			
RECEIVING BANK TRANSIT NUMBER	This nine digit number identifies the financial institution that is receiving the tax payment for DRA. The first eight digits go in this field with the ninth going in the next field (Transit Number Check Digit). The Receiving Bank Transit Number will be supplied to you as part of the acceptance procedure for Electronic Funds Transfer via ACH Credit by the Department of Revenue Administration.			
RECEIVING BANK ACCOUNT NUMBER	This entry will be supplied by DRA, it identifies the Department of Revenue Administration's Bank Account to which ACH CREDIT payments will be sent.			
AMOUNT	This entry is the total payment amount of Business Enterprise Tax (BET), Business Profit Tax (BPT), interest and penalties combined, to be posted to the recipient's account. When the payment includes BPT and BET amounts, the amount in this field will be greater than the total amounts of BET, interest and penalties included in Record 7 because the BPT amount is not included in Record 7 due to space limitations. The amount entered is right justified and zero filled without a decimal point.			
TAXPAYER IDENTIFICATION NUMBER	The entry is an alphanumeric field that uniquely identifies the taxpayer that sent the payment. This field must be left aligned and contain the identification number exactly as it appears on the tax return and as stated on the DP-175 registration form followed by 6 spaces. This number matches DRA files and its use will facilitate proper handling of your payment.			
TAXPAYER NAME	This entry indicates the name of the taxpayer who is making the payment to the Receiving Bank Account Number in Field 5. The name must be exactly as it appears on the tax return and as stated on the Form DP-175 registration form excluding punctuation and up to 22 characters. Any variation in spacing may cause problems in processing your payment.			
DISCRETIONARY DATA	This entry is optional. You may determine a code with your financial institution in order to identify a special transaction.			
ADDENDA RECORD INDICATOR	This entry <u>must</u> always be a 1 for either a prenote test or a payment. If the 1 is not entered, then the Addenda Record 7 is not transmitted. DRA will be forced to reject the payment.			
TRACE NUMBER	This entry is a number put into the record by the originating/sending financial institution in order to trace the transaction through the system in case of error.			

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ELECTRONIC FUNDS TRANSFER
AUTOMATED CLEARING HOUSE CREDIT PROGRAM GUIDE

RECORD 7 TXP ADDENDUM FORMAT				
FIELD	POSITION	SIZE	CONTENTS	DATA ELEMENT NAME
1	1 - 1	1	"7"	Record Type Code
2	2 - 3	2	"05"	Addenda Type Code
3	4 - 6	3	"TXP"	Tax Payment Identification
4	7 - 7	1	" * "	Field Separator
5	8 - 22	15	Alphanumeric	Taxpayer Identification Number
6	23 - 23	1	" * "	Field Separator
7	24 - 26	3	Alphanumeric	Tax Type Code
8	27 - 28	2	Alphanumeric	Entity Type Code
9	29 - 29	1	" * "	Field Separator
10	30 - 35	6	YYMMDD	Tax Period End Date
11	36 - 36	1	" * "	Field Separator
12	37 - 37	1	" T "	BET Amount Type
13	38 - 38	1	" * "	Field Separator
14	39 - 48	10	\$\$\$\$\$\$\$cc	BET Payment Amount
15	49 - 49	1	" * "	Field Separator
16	50 - 50	1	" I "	Interest Amount Type
17	51 - 51	1	" * "	Field Separator
18	52 - 61	10	\$\$\$\$\$\$\$cc	Interest Payment Amount
19	62 - 62	1	" * "	Field Separator
20	63 - 63	1	" P "	Penalty Amount Type
21	64 - 64	1	" * "	Field Separator
22	65 - 74	10	\$\$\$\$\$\$\$cc	Penalty Payment Amount
23	75 - 75	1	" \ "	Terminator
24	76 - 83	8	Spaces	Filler
25	84 - 87	4	Numeric	Special Addenda Seq#
26	88 - 94	7	Numeric	Entry Detail Seq#

RECORD 7 TXP ADDENDUM FORMAT													
RECORD TYPE CODE	This entry will always be 7.												
ADDENDA TYPE CODE	This entry will always be 05.												
TAX PAYMENT IDENTIFICATION	This entry will always be TXP.												
FIELD SEPARATOR	This entry will always be an Asterisk (*).												
TAXPAYER IDENTIFICATION NUMBER	This entry is an alphanumeric field that uniquely identifies the taxpayer that sent the payment. This field must be left aligned and contain the identification number exactly as it appears on the tax return and as stated on the DP-175 registration form followed by 6 spaces. This number matches DRA files and its use will facilitate proper handling of your payment.												
FIELD SEPARATOR	This entry will always be an Asterisk (*).												
TAX TYPE CODE	<p>This field should contain the code for your depository tax payment. The exact codes are as follows:</p> <table> <tr> <td>Business Profits & Business Enterprise Tax Payment for Estimated Tax</td><td>021</td></tr> <tr> <td>Business Profits & Business Enterprise Tax Payment for Return</td><td>022</td></tr> <tr> <td>Business Profits & Business Enterprise Tax Payment for Extension</td><td>023</td></tr> <tr> <td>Business Profits & Business Enterprise Tax Payment for Amended Return</td><td>024</td></tr> <tr> <td>Business Profits & Business Enterprise Tax Payment for Notice of Assessment Tax Bill</td><td>025</td></tr> </table>	Business Profits & Business Enterprise Tax Payment for Estimated Tax	021	Business Profits & Business Enterprise Tax Payment for Return	022	Business Profits & Business Enterprise Tax Payment for Extension	023	Business Profits & Business Enterprise Tax Payment for Amended Return	024	Business Profits & Business Enterprise Tax Payment for Notice of Assessment Tax Bill	025		
Business Profits & Business Enterprise Tax Payment for Estimated Tax	021												
Business Profits & Business Enterprise Tax Payment for Return	022												
Business Profits & Business Enterprise Tax Payment for Extension	023												
Business Profits & Business Enterprise Tax Payment for Amended Return	024												
Business Profits & Business Enterprise Tax Payment for Notice of Assessment Tax Bill	025												
ENTITY TYPE CODE	<p>This field is the DRA organizational reporting code. This code must be one of the following:</p> <table> <tr> <td>Business Profits & Business Enterprise Tax Proprietorship</td><td>01</td></tr> <tr> <td>Business Profits & Business Enterprise Tax Corporation*</td><td>02</td></tr> <tr> <td>Business Profits & Business Enterprise Tax Partnership</td><td>03</td></tr> <tr> <td>Business Profits & Business Enterprise Tax Fiduciary</td><td>04</td></tr> <tr> <td>Business Profits & Business Enterprise Tax Non-Profit Organization*</td><td>05</td></tr> <tr> <td>Business Profits & Business Enterprise Tax Combined Group Filers*</td><td>06</td></tr> </table> <p>*Use the appropriate entity type codes to avoid problems in processing your payments.</p>	Business Profits & Business Enterprise Tax Proprietorship	01	Business Profits & Business Enterprise Tax Corporation*	02	Business Profits & Business Enterprise Tax Partnership	03	Business Profits & Business Enterprise Tax Fiduciary	04	Business Profits & Business Enterprise Tax Non-Profit Organization*	05	Business Profits & Business Enterprise Tax Combined Group Filers*	06
Business Profits & Business Enterprise Tax Proprietorship	01												
Business Profits & Business Enterprise Tax Corporation*	02												
Business Profits & Business Enterprise Tax Partnership	03												
Business Profits & Business Enterprise Tax Fiduciary	04												
Business Profits & Business Enterprise Tax Non-Profit Organization*	05												
Business Profits & Business Enterprise Tax Combined Group Filers*	06												
FIELD SEPARATOR	This entry will always be an Asterisk (*).												

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ELECTRONIC FUNDS TRANSFER
AUTOMATED CLEARING HOUSE CREDIT PROGRAM GUIDE

RECORD 7 TXP ADDENDUM FORMAT (continued)	
TAX PERIOD END DATE	This entry must contain the tax return period end date using the format of year, month and day. Example: tax return period end date is December 31, 2005, the entry would be YYMMDD = 051231.
FIELD SEPARATOR	This entry will always be an Asterisk (*).
BET AMOUNT TYPE	This entry will always be T.
FIELD SEPARATOR	This entry will always be an Asterisk (*).
BET PAYMENT AMOUNT	This entry should contain the exact amount of the BET payment included in the Record 6 amount field. If no BET payment is due, you must enter three zeros (000). The BET payment amount does not include the BPT payment amount. The BPT payment amount is not entered in Record 7 due to space limitations. However, your BPT payment will be applied correctly as long as the BPT payment amount is included in the Record 6 Amount field.
FIELD SEPARATOR	This entry will always be an Asterisk (*).
INTEREST AMOUNT TYPE	This entry will always be I.
FIELD SEPARATOR	This entry will always be an Asterisk (*).
INTEREST PAYMENT AMOUNT	This entry should contain the payment portion amount for interest due on the tax amount. If you are sending a prenote test, you must enter three zeros (000) in this field. If no interest is due with a tax payment, then this field is not required.
FIELD SEPARATOR	This entry will always be an Asterisk (*).
PENALTY AMOUNT TYPE	This entry will always be P.
FIELD SEPARATOR	This entry will always be an Asterisk (*).
PENALTY PAYMENT AMOUNT	This entry should contain the payment portion of all penalties due for the tax period. If you are sending a prenote test, you must enter three zeros (000) in this field. If no penalties are due with a tax payment, then this field is not required.
TERMINATOR	This field is mandatory and must be a backslash (\). The terminator signifies the end of the detailed data.
FILLER	This field consists of blank spaces.
SPECIAL ADDENDA SEQUENCE NUMBER	This number should be consecutively assigned to each special addenda record that follows a detail record and begins with a 1.
ENTRY DETAIL SEQUENCE NUMBER	This entry indicates the number of accounts included in the EFT Credit transaction. It should be entered by the taxpayer or the sending financial institution and begins with a 1.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ELECTRONIC FUNDS TRANSFER
AUTOMATED CLEARING HOUSE CREDIT PROGRAM GUIDE

RECORD 8 COMPANY BATCH CONTROL FORMAT				
FIELD	POSITION	SIZE	CONTENTS	DATA ELEMENT NAME
1	1 - 1	1	"8"	Record Type Code
2	2 - 4	3	"200"	Service Class Code
3	5 - 10	6	Numeric	Entry/Addenda Count
4	11 - 20	10	Numeric	Entry Hash
5	21 - 32	12	\$\$\$\$\$\$\$\$\$cc	Debit Amount
6	33 - 44	12	\$\$\$\$\$\$\$\$\$cc	Credit Amount
7	45 - 54	10	Alphanumeric	Company Identification Number
8	55 - 73	19	Alphanumeric	Message Authentication Code
9	74 - 79	6	Alphanumeric	Reserved
10	80 - 87	8	Alphanumeric	Originating Bank Number
11	88 - 94	7	Numeric	Bank Batch Number
RECORD 8 COMPANY BATCH CONTROL FORMAT				
RECORD TYPE CODE	This entry will always be 8.			
SERVICE CLASS CODE	This entry will always be 200.			
ENTRY/ ADDENDA COUNT	This entry will contain the number of Record 6 and Record 7 received for a taxpayer. One taxpayer transaction would contain one Record 6 and one Record 7 and the Entry/addenda Count would be 2.			
ENTRY HASH	This entry contains DRA's receiving financial institution's transit number.			
DEBIT AMOUNT	Since New Hampshire is using this option for ACH Credit only , this field will always be zero.			
CREDIT AMOUNT	This entry will contain the total credit dollar amount of the transaction received from the taxpayer. This amount will equal the total of the amount fields in each Record 6 sent per transaction. In most transactions there will be one record 6 and the Credit Amount will equal the Record 6 amount field.			
COMPANY IDENTIFICATION NUMBER	This entry is a 10 character field that identifies the taxpayer. The number in this field is determined by the taxpayer or by the software used by the taxpayer and its financial institution. The Company Identification Number may be the company's bank account number that originated the transaction or a 10 digit number established by the taxpayer. This entry can be, but does not have to be the same as the taxpayer's Federal Employee Identification Number or Social Security Number.			
MESSAGE AUTHENTICATION CODE	This field is reserved for other uses and is not available for ACH Credit transactions. The taxpayer does not have to make an entry in this field.			
RESERVED	This entry is a 6 character field that will always contain 6 spaces.			
ORIGINATING BANK NUMBER	This contains the originating bank's transit number.			
BATCH NUMBER	This entry contains the batch number of the ACH Credit payment that has been transmitted to the New Hampshire DRA Document Processing Division.			

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ELECTRONIC FUNDS TRANSFER AUTOMATED CLEARING HOUSE CREDIT PROGRAM GUIDE
RECORD 6 EXAMPLES

The following pages provide examples for Record 5, Record 6, Record 7 and Record 8 with several scenarios for a prenote test, estimate or extension payment and return or notice of assessment tax bill payment with and without interest and/or penalties due.

This examples uses the following information for a Corporation.

Taxpayer Name:	Your Company Name Inc.	Receiving Bank Account Number: 9987654321
Taxpayer FEIN:	12-3456789	BET Estimate Payment Amount: 000
Tax Year End:	12/31/06	interest Amount: 000
Company Identification Number:	1010101010	Penalty Amount: 000
Originating Bank Number:	05432100	
Company Descriptive Date:	01/05/06	
Effective Entry Date:	01/05/06	
Receiving Bank Transit Number	87654321	Total Payment Amount: NO PAYMENT
& Check Digit:	3	

Example: Corporate Return payment Prenote

This example is for a Corporation sending a prenote before making tax payments via EFT ACH Credit to the Department of Revenue Administration. The prenote requires that all 3 payment fields in Record 7 be included with three zeros entered for the amounts.

RECORD 5 COMPANY/BATCH HEADER FORMAT LEGEND: b = one space

Record Type Code	Service Class Code	Taxpayer Name	Discretionary Data	Company ID Number	Standard Entry Class	Company Entry Description	Company Descriptive Date	Effective Entry Date	Settlement Date	Originator Status Code	Originating Bank Number	Batch Number
5	200	YourbCompanybNam	bbbbbbbbbbbbbbbbbb	1010101010	CCD	TAXPAYMENT	060105	060105	349	1	05432100	0000001

RECORD 6 ENTRY DETAIL FORMAT

Record Type Code	Transaction Code	Receiving Bank Transit Number	Check Digit	Receiving Bank Account Number	Amount \$\$\$\$\$\$cc	Taxpayer ID Number	Taxpayer Name	Discretionary Data	Addenda Record Indicator	Trace Number
6	23	87654321	3	00000009987654321	0000000000	123456789bbbbbb	YourbCompanybNamebIncb	bb	1	000000001234567

RECORD 7 TXP ADDENDUM FORMAT

Record Type Code	Addenda Type Code	Tax Payment ID	Field Separator	Taxpayer ID NUMBER	Field Separator	Tax Type Code	Entity Type Code	Field Separator	Tax Period End Date	Field Separator	BET Amount Type	Field Separator	BET Payment Amount \$\$\$\$\$\$cc	Field Separator	Interest Amount Type	Field Separator	Interest Payment Amount \$\$\$\$\$\$cc	Field Separator	Penalty Amount Type	Field Separator	Interest Payment Amount \$\$\$\$\$\$cc	Terminator	Filler Spaces (1)	Special Addenda Sequence #	Entry Detail Seq.#
7	05	TXP	*	123456789bbbbbb	*	021	02	*	061231	*	T	*	000	*	I	*	000	*	P	*	000	\	bbbbbbbbb	1001	1001007

RECORD 8 COMPANY BATCH CONTROL FORMAT

Record Type Code	Service Class Code	Entry Addenda Count	Entry Hash	Debit Amount \$\$\$\$\$\$cc	Credit Amount \$\$\$\$\$\$cc	Company ID Number	Message Authentication Code	Reserved	Originating Bank Number	Bank Batch Number
8	200	000000	0087654321	000000000000	000000000000	1010101010	bbbbbbbbbbbbbbbbbb	bbbbbb	05432100	0000001

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ELECTRONIC FUNDS TRANSFER AUTOMATED CLEARING HOUSE CREDIT PROGRAM GUIDE

This example uses the following information for a Combined Group Filer.

Taxpayer Name:	Your Company Name Inc	Receiving Bank Account Number: 9987654321
Taxpayer FEIN:	12-3456789	BET Estimate Payment Amount: \$25,576.12
Tax Year End:	12/31/06	BPT Estimate Payment Amount: \$100,000.00
Company Identification Number:	1010101010	
Originating Bank Number:	05432100	
Company Descriptive Date:	12/15/06	
Effective Entry Date:	12/15/06	
Receiving Bank Transit Number	87654321	Total Payment Amount: \$125,576.12
& Check Digit:	3	

Example: Combined Group Filer Estimate Payment

This example is for a Combined filer estimate payment for BET and BPT due on 12/15/06 for tax period ending 12/31/06. Because no interest or penalties are paid with an estimate, these fields are not required in Record 7.

RECORD 5 COMPANY/BATCH HEADER FORMAT LEGEND: b = one space

Record Type Code	Service Class Code	Taxpayer Name	Discretionary Data	Company ID Number	Standard Entry Class	Company Entry Description	Company Descriptive Date	Effective Entry Date	Settlement Date	Originator Status Code	Originating Bank Number	Batch Number
5	200	YourbCompanybNam	bbbbbbbbbbbbbbbbbb	1010101010	CCD	TAXPAYMENT	061215	061215	349	1	05432100	0000001

RECORD 6 ENTRY DETAIL FORMAT

Record Type Code	Transaction Code	Receiving Bank Transit Number	Check Digit	Receiving Bank Account Number	Amount \$\$\$\$\$\$cc	Taxpayer ID Number	Taxpayer Name	Discretionary Data	Addenda Record Indicator	Trace Number
6	22	87654321	3	00000009987654321	0012557612	123456789bbbbbb	YourbCompanybNamebIncb	bb	1	000000001234567

RECORD 7 TXP ADDENDUM FORMAT

Record Type Code	Addenda Type Code	Tax Payment ID	Field Separator	Taxpayer ID NUMBER	Field Separator	Tax Type Code	Entity Type Code	Field Separator	Tax Period End Date	Field Separator	BET Amount Type	Field Separator	BET Payment Amount \$\$\$\$\$\$cc	Terminator	Filler Spaces (1)	Special Addenda Sequence #	Entry Detail Seq.#
7	05	TXP	*	123456789bbbbbb	*	021	06	*	061231	*	T	*	2557612	\	bbbbbbbbb	1002	1234567

RECORD 8 COMPANY BATCH CONTROL FORMAT

Record Type Code	Service Class Code	Entry Addenda Count	Entry Hash	Debit Amount \$\$\$\$\$\$cc	Credit Amount \$\$\$\$\$\$cc	Company ID Number	Message Authentication Code	Reserved	Originating Bank Number	Bank Batch Number
8	200	000000	0087654321	000000000000	12557612	1010101010	bbbbbbbbbbbbbbbbbb	bbbbbb	05432100	0000001

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ELECTRONIC FUNDS TRANSFER AUTOMATED CLEARING HOUSE CREDIT PROGRAM GUIDE

This example uses the following information for a Corporation Return Payment.

Taxpayer Name:	Your Company Name Inc	Receiving Bank Account Number: 9987654321
Taxpayer FEIN:	12-3456789	
Tax Year End:	12/31/05	
Company Identification Number:	1010101010	BET Return Payment Amount: \$35,444.25
Originating Bank Number:	05432100	BPT Return Payment Amount: \$125,000.00
Company Descriptive Date:	03/15/06	
Effective Entry Date:	03/15/06	
Receiving Bank Transit Number	87654321	Total Payment Amount: \$160,444.25
& Check Digit:	3	

Example: Corporate Return Payment with Tax Due without Interest or Penalties

This example is for a Corporation return payment with BET/BPT tax due, for tax period ending 12/31/05, but without any interest or penalties. Because there are no interest or penalty payments, these fields are not required in Record 7.

RECORD 5 COMPANY/BATCH HEADER FORMAT LEGEND: b = one space

Record Type Code	Service Class Code	Taxpayer Name	Discretionary Data	Company ID Number	Standard Entry Class	Company Entry Description	Company Descriptive Date	Effective Entry Date	Settlement Date	Originator Status Code	Originating Bank Number	Batch Number
5	200	YourbCompanybNam	bbbbbbbbbbbbbbbbbb	1010101010	CCD	TAXPAYMENT	060315	060315	074	1	05432100	0000001

RECORD 6 ENTRY DETAIL FORMAT

Record Type Code	Transaction Code	Receiving Bank Transit Number	Check Digit	Receiving Bank Account Number	Amount \$\$\$\$\$\$\$cc	Taxpayer ID Number	Taxpayer Name	Discretionary Data	Addenda Record Indicator	Trace Number
6	22	87654321	3	00000009987654321	0016044425	123456789bbbbbb	YourbCompanybNamebIncb	bb	1	000000001234567

RECORD 7 TXP ADDENDUM FORMAT

Record Type Code	Addenda Type Code	Tax Payment ID	Field Separator	Taxpayer ID NUMBER	Field Separator	Tax Type Code	Entity Type Code	Field Separator	Tax Period End Date	Field Separator	BET Amount Type	Field Separator	BET Payment Amount \$\$\$\$\$\$\$cc	Terminator	Filler Spaces (1)	Special Addenda Sequence #	Entry Detail Seq.#
7	05	TXP	*	123456789bbbbbb	*	022	02	*	051231	*	T	*	3544425	\	bbbbbb	1003	1234567

RECORD 8 COMPANY BATCH CONTROL FORMAT

Record Type Code	Service Class Code	Entry Addenda Count	Entry Hash	Debit Amount \$\$\$\$\$\$\$cc	Credit Amount \$\$\$\$\$\$\$cc	Company ID Number	Message Authentication Code	Reserved	Originating Bank Number	Bank Batch Number
8	200	000000	0087654321	0000000000	16044425	1010101010	bbbbbbbbbbbbbbbbbb	bbbbbb	05432100	0000001

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ELECTRONIC FUNDS TRANSFER AUTOMATED CLEARING HOUSE CREDIT PROGRAM GUIDE

This example uses the following information for a Partnership Return Payment.

Taxpayer Name:	Your Partnership Name	Receiving Bank Account Number: 9987654321
Taxpayer FEIN:	12-3456789	
Tax Year End:	12/31/05	
Company Identification Number:	1010101010	BET Return Payment Amount: \$35,444.25
Originating Bank Number:	05432100	BPT Return Payment Amount: \$125,000.00
Company Descriptive Date:	04/15/06	Interest Payment Amount: \$4,455.25
Effective Entry Date:	04/15/06	
Receiving Bank Transit Number	87654321	Total Payment Amount: \$164,899.50
& Check Digit:	3	

Example: Partnership Return Payment with Tax and Interest due without Penalties

This example is for a Partnership return payment, for tax period ending 12/31/05, with BET/ BPT tax due and Interest due. When no penalties are due, the penalty field is not required on

RECORD 5 COMPANY/BATCH HEADER FORMAT LEGEND: b = one space

Record Type Code	Service Class Code	Taxpayer Name	Discretionary Data	Company ID Number	Standard Entry Class	Company Entry Description	Company Descriptive Date	Effective Entry Date	Settlement Date	Originator Status Code	Originating Bank Number	Batch Number
5	200	YourbPartnership	bbbbbbbbbbbbbbbbbbbb	1010101010	CCD	TAXPAYMENT	060415	060415	105	1	05432100	0000001

RECORD 6 ENTRY DETAIL FORMAT

Record Type Code	Transaction Code	Receiving Bank Transit Number	Check Digit	Receiving Bank Account Number	Amount \$\$\$\$\$\$cc	Taxpayer ID Number	Taxpayer Name	Discretionary Data	Addenda Record Indicator	Trace Number
6	22	87654321	3	00000009987654321	0016489950	123456789bbbbbb	YourbPartnershipbNameb	bb	1	000000001234567

RECORD 7 TXP ADDENDUM FORMAT

Record Type Code	Addenda Type Code	Tax Payment ID	Field Separator	Taxpayer ID NUMBER	Field Separator	Tax Type Code	Entity Type Code	Field Separator	Tax Period End Date	Field Separator	BET Amount Type	Field Separator	BET Payment Amount \$\$\$\$\$\$cc	Field Separator	Interest Amount Type	Field Separator	Interest Payment Amount \$\$\$\$\$\$cc	Terminator	Filler Spaces (1)	Special Addenda Sequence #	Entry Detail Seq.#
7	05	TXP	*	123456789bbbbbb	*	022	03	*	051231	*	T	*	3544425	*	I	*	445525	\	bbbbbbbbb	1004	1234567

RECORD 8 COMPANY BATCH CONTROL FORMAT

Record Type Code	Service Class Code	Entry Addenda Count	Entry Hash	Debit Amount \$\$\$\$\$\$cc	Credit Amount \$\$\$\$\$\$cc	Company ID Number	Message Authentication Code	Reserved	Originating Bank Number	Bank Batch Number
8	200	000000	0087654321	000000000000	16489950	1010101010	bbbbbbbbbbbbbbbbbbbb	bbbbbb	05432100	0000001

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ELECTRONIC FUNDS TRANSFER AUTOMATED CLEARING HOUSE CREDIT PROGRAM GUIDE

This example uses the following information for a Proprietorship Return Payment.

Taxpayer Name:	Your Last Name, First Name	Receiving Bank Account Number: 9987654321
Taxpayer SSN:	123-45-6789	
Tax Year End:	12/31/05	
Company Identification Number:	1010101010	BET Return Payment Amount: \$35,444.25
Originating Bank Number:	05432100	BPT Return Payment Amount: \$125,000.00
Company Descriptive Date:	04/15/06	Interest Payment Amount: \$4,455.25
Effective Entry Date:	04/15/06	Penalty Payment Amount: \$2,557.50
Receiving Bank Transit Number	87654321	Total Payment Amount: \$167,457.00
& Check Digit:	3	

Example: Proprietorship Return Payment with Tax and Interest and Penalties Due

This example is for a Proprietorship return payment, for tax period ending 12/31/05, with BET/BPT, Interest and Penalties due. All Fields are required in Record 7 because tax, interest and penalties are due.

RECORD 5 COMPANY/BATCH HEADER FORMAT LEGEND: b = one space

Record Type Code	Service Class Code	Taxpayer Name	Discretionary Data	Company ID Number	Standard Entry Class	Company Entry Description	Company Descriptive Date	Effective Entry Date	Settlement Date	Originator Status Code	Originating Bank Number	Batch Number
5	200	YourbLastNamebFi	bbbbbbbbbbbbbbbbbb	1010101010	CCD	Taxpayment	060415	060415	105	1	05432100	0000001

RECORD 6 ENTRY DETAIL FORMAT

Record Type Code	Transaction Code	Receiving Bank Transit Number	Check Digit	Receiving Bank Account Number	Amount \$\$\$\$\$\$cc	Taxpayer ID Number	Taxpayer Name	Discretionary Data	Addenda Record Indicator	Trace Number
6	22	87654321	3	00000009987654321	0016745700	123456789bbbbbb	YourbLastNamebFirstNam	bb	1	000000001234567

RECORD 7 TXP ADDENDUM FORMAT

Record Type Code	Addenda Type Code	Tax Payment ID	Field Separator	Taxpayer ID NUMBER	Field Separator	Tax Type Code	Entity Type Code	Field Separator	Tax Period End Date	Field Separator	BET Amount Type	Field Separator	BET Payment Amount \$\$\$\$\$\$cc	Field Separator	Interest Amount Type	Field Separator	Interest Payment Amount \$\$\$\$\$\$cc	Field Separator	Penalty Amount Type	Field Separator	Penalty Payment Amount \$\$\$\$\$\$cc	Terminator	Filler Spaces (1)	Special Addenda Sequence #	Entry Detail Seq. #
7	05	TXP	*	123456789bbbbbb	*	022	01	*	041231	*	T	*	3544425	*	I	*	445525	*	P	*	255750	\	bbbbbbbbb	1005	1234567

RECORD 8 COMPANY BATCH CONTROL FORMAT

Record Type Code	Service Class Code	Entry Addenda Count	Entry Hash	Debit Amount \$\$\$\$\$\$cc	Credit Amount \$\$\$\$\$\$cc	Company ID Number	Message Authentication Code	Reserved	Originating Bank Number	Bank Batch Number
8	200	000000	0087654321	000000000000	16745700	1010101010	bbbbbbbbbbbbbbbbbb	bbbbbb	05432100	0000001

ELECTRONIC FUNDS TRANSFER AUTOMATED CLEARING HOUSE CREDIT PROGRAM GUIDE

This example uses the following information for a Corporation Return Payment.

Taxpayer Name:	Your Company Name Inc	Receiving Bank Account Number:	9987654321
Taxpayer FEIN:	12-3456789		
Tax Year End:	12/31/05		
Company Identification Number:	1010101010	BET Return Payment Amount:	\$35,444.25
Originating Bank Number:	05432100	BPT Return Payment Amount:	\$125,000.00
Company Descriptive Date:	03/25/06	Interest Payment Amount:	\$4,455.25
Effective Entry Date:	03/25/06	Penalty Payment Amount:	\$2,557.50
Receiving Bank Transit Number	87654321	Total Payment Amount:	\$167,457.00
& Check Digit:	3		

Example: Corporation Notice of Assessment Payment with Tax and Interest and Penalties Due

This example is for a corporation notice of assessment payment with BET/BPT, Interest and Penalties due. All Fields are required in Record 7 because tax, interest and penalties are due.

RECORD 5 COMPANY/BATCH HEADER FORMAT

LEGEND: b = one space

Record Type Code	Service Class Code	Taxpayer Name	Discretionary Data	Company ID Number	Standard Entry Class	Company Entry Description	Company Descriptive Date	Effective Entry Date	Settlement Date	Originator Status Code	Originating Bank Number	Batch Number
5	200	YourbCompanybNam	bbbbbbbbbbbbbbbbbb	1010101010	CCD	TAXPAYMENT	060325	060325	105	1	05432100	0000001

RECORD 6 ENTRY DETAIL FORMAT

Record Type Code	Transaction Code	Receiving Bank Transit Number	Check Digit	Receiving Bank Account Number	Amount \$\$\$\$\$\$cc	Taxpayer ID Number	Taxpayer Name	Discretionary Data	Addenda Record Indicator	Trace Number
6	22	87654321	3	00000009987654321	0016745700	123456789bbbbbb	YourbCompanybNameInc	bb	1	000000001234567

RECORD 7 TXP ADDENDUM FORMAT

Record Type Code	Addenda Type Code	Tax Payment ID	Field Separator	Taxpayer ID NUMBER	Field Separator	Tax Type Code	Entity Type Code	Field Separator	Tax Period End Date	Field Separator	BET Amount Type	Field Separator	BET Pay-ment Amount \$\$\$\$\$\$cc	Field Separator	Interest Amount Type	Field Separator	Interest Pay-ment Amount \$\$\$\$\$\$cc	Field Separator	Penalty Amount Type	Field Separator	Interest Pay-ment Amount \$\$\$\$\$\$cc	Terminator	Filler Spaces (1)	Special Addenda Sequence #	Entry Detail Seq.#
7	05	TXP	*	123456789bbbbbb	*	025	02	*	051231	*	T	*	3544425	*	I	*	445525	*	P	*	255750	\	bbbbbbbbb	1006	1234567

RECORD 8 COMPANY BATCH CONTROL FORMAT

Record Type Code	Service Class Code	Entry Addenda Count	Entry Hash	Debit Amount \$\$\$\$\$\$cc	Credit Amount \$\$\$\$\$\$cc	Company ID Number	Message Authentication Code	Reserved	Originating Bank Number	Bank Batch Number
8	200	000000	0087654321	000000000000	16745700	1010101010	bbbbbbbbbbbbbbbbbb	bbbbbb	05432100	0000001

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ELECTRONIC FUNDS TRANSFER
AUTOMATED CLEARING HOUSE CREDIT PROGRAM GUIDE

GENERAL INSTRUCTIONS

PRENOTE TEST	All taxpayers participating in New Hampshire's ACH Credit program are required to complete a successful Prenote Test at least 10 calendar days prior to the due date of their first ACH Credit payment. Do not send payment via ACH Credit until you have received confirmation of a successful prenote. New Hampshire's Revenue Administration Bank Account information will be provided to you along with the Department's approval for the New Hampshire EFT ACH Credit Program.
WHEN TO FILE	This form must be filed at least 30 days prior to the due date of your first ACH Credit payment. Any changes in the registration information must be provided to the Department at least 30 days prior to the change. Any changes of financial institution and contacts require additional prenote tests.
WHO MUST FILE	New Hampshire requires all taxpayers having a total liability for Business Profits Tax, RSA 77-A, and/or a Business Enterprise Tax, RSA 77-E, of \$100,000 or greater for the most recently filed tax year to submit tax payments by Electronic Funds Transfer (EFT), either by the ACH Credit or ACH Debit method. Taxpayers with tax liabilities under the mandatory threshold of \$100,000 may also voluntarily participate in New Hampshire's EFT programs.
WHAT TO FILE	If you meet the mandatory threshold to make your tax payments via ACH Credit, you must submit this form to register as an ACH Credit taxpayer with the New Hampshire Department of Revenue Administration. If you are below the mandatory threshold, but wish to voluntarily participate in the ACH Credit program, you must submit this form to register with the Department. The information provided on this form should include the name, address and telephone number of the primary and a secondary contact person(s) for ACH Credit purposes. In addition, this form should be used to report any changes in your registration information (i.e., a change in taxpayer contact, telephone number, etc). This form is available in the ACH Credit Program Information Guide. Please contact the Department of Revenue Administration at (603) 271-2192 for the complete EFT ACH Credit Program Guide.
WHERE TO FILE	New Hampshire Department of Revenue Administration, Document Processing Division, PO Box 1004, Concord, NH 03302-1004.
NEED HELP?	Call Central Taxpayer Services at (603) 271-2191. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

Electronic Funds Transfer ACH Credit
Registration for Business Tax Payments

PRINT OR TYPE

TAXPAYER NAME

PROPRIETOR'S SOCIAL SECURITY NUMBER

BUSINESS NAME

FEDERAL EMPLOYER IDENTIFICATION NUMBER

DEPARTMENT IDENTIFICATION NUMBER

ENTITY TYPE: Check one of the following:

- ☐ ① Proprietorship
 ☐ ② Corporation
 ☐ ③ Partnership
 ☐ ④ Fiduciary
☐ ⑤ Non-Profit Organization
 ☐ ⑥ Combined Group

NOTE: If you are a Corporation and a Combined group, you must check Combined.

PRIMARY CONTACT PERSON

TELEPHONE

FAX NUMBER

()

()

SECONDARY CONTACT PERSON

TELEPHONE

FAX NUMBER

()

()

NUMBER & STREET ADDRESS

ADDRESS (continued)

CITY/ TOWN, STATE & ZIP CODE

Please check one of the following: ☐ New Registration ☐ Change Request

FOR DRA USE ONLY

MAIL
TO: NH DRA
DOCUMENT PROCESSING DIVISION
PO BOX 1004
CONCORD NH 03302-1004

FOR DRA USE ONLY

Approved by: _____

Date: _____

THIS REGISTRATION IS FOR THE ACH CREDIT PROGRAM ONLY. FOR INFORMATION ON NH'S ACH DEBIT PROGRAM VISIT US ON THE WEB AT WWW.REVENUE.NH.GOV. YOU DO NOT HAVE TO REGISTER TO FILE ACH DEBIT.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ELECTRONIC FUNDS TRANSFER
AUTOMATED CLEARING HOUSE CREDIT PROGRAM GUIDE
GENERAL INSTRUCTIONS

PRENOTE TEST	All taxpayers participating in New Hampshire's ACH Credit program are required to complete a successful Prenote Test at least 10 calendar days prior to the due date of their first ACH Credit payment. Do not send payment via ACH Credit until you have received confirmation of a successful prenote. New Hampshire's Revenue Administration Bank Account information will be provided to you along with the Department's approval for the New Hampshire EFT ACH Credit Program.
WHEN TO FILE	This form must be filed at least 30 days prior to the due date of your first ACH Credit payment. Any changes in the registration information must be provided to the Department at least 30 days prior to the change. Any changes of financial institution and contacts require additional prenote tests.
WHO MUST FILE	New Hampshire requires all taxpayers having a total liability for Business Profits Tax, RSA 77-A, and/or a Business Enterprise Tax, RSA 77-E, of \$100,000 or greater for the most recently filed tax year to submit tax payments by Electronic Funds Transfer (EFT), either by the ACH Credit or ACH Debit method. Taxpayers with tax liabilities under the mandatory threshold of \$100,000 may also voluntarily participate in New Hampshire's EFT programs.
WHAT TO FILE	If you meet the mandatory threshold to make your tax payments via ACH Credit, you must submit this form to register as an ACH Credit taxpayer with the New Hampshire Department of Revenue Administration. If you are below the mandatory threshold, but wish to voluntarily participate in the ACH Credit program, you must submit this form to register with the Department. The information provided on this form should include the name, address and telephone number of the primary and a secondary contact person(s) for ACH Credit purposes. In addition, this form should be used to report any changes in your registration information (i.e., a change in taxpayer contact, telephone number, etc). This form is available in the ACH Credit Program Information Guide. Please contact the Department of Revenue Administration at (603) 271-2192 for the complete EFT ACH Credit Program Guide.
WHERE TO FILE	New Hampshire Department of Revenue Administration, Document Processing Division, PO Box 1004, Concord, NH 03302-1004.
NEED HELP?	Call Central Taxpayer Services at (603) 271-2191. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

Electronic Funds Transfer ACH Credit
Registration for Business Tax Payments

PRINT OR TYPE

TAXPAYER NAME	PROPRIETOR'S SOCIAL SECURITY NUMBER
BUSINESS NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER
	DEPARTMENT IDENTIFICATION NUMBER

ENTITY TYPE: Check one of the following:

- ☐ ① Proprietorship ☐ ② Corporation ☐ ③ Partnership ☐ ④ Fiduciary
☐ ⑤ Non-Profit Organization ☐ ⑥ Combined Group
- NOTE:** If you are a Corporation and a Combined group, you must check Combined.

PRIMARY CONTACT PERSON	TELEPHONE ()	FAX NUMBER ()
SECONDARY CONTACT PERSON	TELEPHONE ()	FAX NUMBER ()
NUMBER & STREET ADDRESS		
ADDRESS (continued)		
CITY/TOWN, STATE & ZIP CODE		

Please check one of the following: ☐ New Registration ☐ Change Request

FOR DRA USE ONLY

MAIL
TO: NH DRA
DOCUMENT PROCESSING DIVISION
PO BOX 1004
CONCORD NH 03302-1004

FOR DRA USE ONLY

Approved by: _____
Date: _____THIS REGISTRATION IS FOR THE ACH CREDIT PROGRAM ONLY. FOR INFORMATION ON NH'S ACH DEBIT PROGRAM VISIT US ON THE WEB AT WWW.REVENUE.NH.GOV. YOU DO NOT HAVE TO REGISTER TO FILE ACH DEBIT.